

PRIOR AUTHORIZATION CRITERIA

**BRAND NAME
(generic)**

ALBENZA
(albendazole)

BILTRICIDE
(praziquantel)

EGATEN
(triclabendazole)

EMVERM
(mebendazole)

Status: CVS Caremark Criteria

Type: Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Albenza

Neurocysticercosis

Albenza is indicated for the treatment of parenchymal neurocysticercosis due to active lesions caused by larval forms of the pork tapeworm, *Taenia solium*.

Hydatid Disease

Albenza is indicated for the treatment of cystic hydatid disease of the liver, lung, and peritoneum, caused by the larval form of the dog tapeworm, *Echinococcus granulosus*.

Biltricide

Biltricide is indicated in patients aged 1 year and older for the treatment of the following infections:

Schistosomiasis due to all species of schistosoma (for example, *Schistosoma mekongi*, *Schistosoma japonicum*, *Schistosoma mansoni* and *Schistosoma hematobium*), and Clonorchiasis and Opisthorchiasis due to the liver flukes, *Clonorchis sinensis*/*Opisthorchis viverrini* (approval of this indication was based on studies in which the two species were not differentiated)

Compendial Uses

Treatment of intestinal infections caused by *Taenia solium*, *Taenia saginata*, *Diphyllobothrium latum* and *Hymenolepis nana*.

Egaten

Egaten is indicated for the treatment of fascioliasis in patients 6 years of age or older

Emverm

Emverm is indicated for the treatment of patients two years of age and older with gastrointestinal infections caused by *Ancylostoma duodenale* (hookworm), *Ascaris lumbricoides* (roundworm), *Enterobius vermicularis* (pinworm), *Necator americanus* (hookworm), and *Trichuris trichiura* (whipworm).

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The infection has been confirmed by a diagnostic or laboratory test (e.g. imaging scans, blood, stool, or urine test)

AND

- The request is for mebendazole (Emverm) in a patient 2 years of age or older for a second course of therapy (first course of therapy administered within the past year) at a dose up to 2 tablets per day for two 3 day treatments for any of the following: A) *Ancylostoma duodenale* (hookworm), B) *Ascaris lumbricoides* (roundworm), C) *Enterobius vermicularis* (pinworm), D) *Necator americanus* (hookworm), E) *Trichuris trichiura* (whipworm).

OR

- The request is for albendazole (Albenza) for the treatment of Hydatid Disease for a second course of therapy (first course of therapy administered within the past year) at a dose up to 4 tablets per day for three 28-day cycles with 14-day free intervals

OR

- The request is for praziquantel (Biltricide) in a patient 1 year of age or older for the treatment of schistosomiasis, clonorchiasis, or opisthorchiasis for any of the following: A) a quantity up to 36 tablets, B) a second day or course of therapy (first course of therapy administered within the past year)

OR

- The request is for triclabendazole (Egaten) in a patient 6 years of age or older for the treatment of fascioliasis for any of the following: A) a quantity up to 32 tablets, B) a second day or course of therapy (first course of therapy administered within the past year)

Quantity Limits apply.

Emverm (mebendazole): 12 tablets per 365 days*

Albenza (albendazole): 336 tablets per 365 days*

Biltricide (praziquantel): 72 tablets per 365 days*

Egaten (triclabendazole): 32 tablets per 365 days*

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